wkfoed M	Signature de la constitución de l'expéditeur : Je déclare que tous les renseignement signatures de l'expéditeur : Je déclare que tous les renseignement signatures de l'expéditeur : Je déclare que tous les renseignement signatures de l'expéditeur : Je déclare que tous les renseignements signatures de l'expéditeur : Je déclare que tous les renseignements de l'expéditeur : Je declare que tous les renseignements de l'expéditeur : Je declare que tous les renseignements de l'expéditeur : Je declare de l'expéditeur : Je declare de l'expéditeur : Je declare de l'exp	3 1 3	Wonth? Mode: 'Day? Jour	24 HOURS AT: 519-864-1201 OR 800-265-7549 NOTICE #: 123820 ITEM #: 01 EXPIRES: FEBI Date shipped / Date dexpedition Time / Heure Scheduled arrive	=	Series (Strongersteinstein) of southeast unit on the strongerstein of southeast unit	Off to the Table of the Committee of the	St. Market in majornovata valida en colonia de la colonia	S WASIE ENVIRONMENTALLY HAZARDOUS 2 SUBSTANCES, SOLID, NOS, (BENZENE)	Waste ic Rhysical Shipping name of waste state Shipping name of waste East Appellation réglementaire du déchet (Quebec-Ontario only)	CORUNNA ON Postal code /Code postal S		Receiving site address / Destination de l'expédition	≫Postal code / Code postal	A031806	Intended consignee Provincial ID No. / No d'id, provincial T	SERVICE CONTROL OF THE CONTROL OF T	ovince Postal code / Code postal	NORTH EAST OF 119" AND FRONT STREET	TREETS, WHITING, IN. 46394	NORTH AMERICA, INC.		MANIFEST - MANIFESTE This Manifest conforms to all Federal and Provincial transport and environmental logislation-frequiting marginesting. Commercial est Conforms aux, Hobistoring, World in provincials conformation est conforms aux, Hobistoring, World in provincials and Tenvironmental est is transport, required in manifests.
ichael Noarbird (219, 473-3588	enseignements à la partie A sont veridiques et complets. Signatury	De S NO	iée Month / Mois Day / Jour	300-265-7549 EXPIRES: FEBRUARY 18, 2003 Scheduled arrival date / Date d'arrivée prévue	Richardessous Circulation no Quebec only Nº de circulation - Réservée au Québec	70			251H UN3077 7/80 Kg, 9.2 H 01 06	Waste Identification Vaste Identification	Tal No.	00 08 14 GARACHUM	Year / Année Month / Mols Day / Jour Name of authorized person (print)	Carrier Certification: I doclare that have received waste as ofered by the consignor in Part's for delivery to the intended consignee and that the information contained in Part B is complete and correct. / Déclaration du transporteur: / deteste evoir recules declares delites entre parties a partie A en rue de leur livraison au destinataire choisi et que les renseignements inscrits à la garde B sont exacts et complets.	Point of exit Point d'entrée Point de sortie		1/6	Vehicle / Véhicule Pegistration No. / Nº d'immatriculation Prov.	4 1GO	R. #1, 4090 TELESE ROAD	Company name / Nam de l'entreprise SAFET SELLEN L'ID.	B Carrier Provincial ID No. / Nº d'id. provincial AS581	
Signature	Name of authorized person (print) / Nom de l'agent autorisé (caractères d'Imprimerie)	Consignee Cartification: I declare that the information contained in Part C is correct and complete. Declaration du l'expéditeur : Je déclare que tous les renseignements à la partie C sont véridiques et complete.	Address / Adresse City / Ville	ال waste to be 'bansterred, specify intended company name'/Si les déchets doivent être transfèrés, prégiser le nom du destinataire	If handling code "Other" (specify) SI code de manutention "divers", spécifier					Quantity received Attack addressing yellowing Quantity received Quanti	Date received / Date de reception lime /		City / Ville Province	Receiving site address / Destination de l'expédition	City / Ville Province		Address / Adresse		Yes / Oui No., com	Consignee information same as intended Consignee in Part A L'information à fournir par le destinataire est la même qu'en A	Consignee (Receiver) Destinataire (Réceptionnaire)	Reference nos. of other Manifest(s) used / No's de références des autres manifestes utilisés ZWA 1303399	Manifest Reference No. Nº de référence du manifeste
Tel. no. / Nº de tél:	risé (caractères d'Implimente)	contained in Part C is correct and complete.	ille Prov.	Provincial ID No. / I						tent anns. Handling Decontamination anns. Handling Decontamination if code de Packaging Vehicule tent Code de Contenants Véhicule axior ion Oui Non Oui No	Ime / Heure		Postal code / C	dition	ce Postal code / Code postal				ompléter la boîte ci-dessous	4 4	Provincial ID No. / N° q iq. provingial	302359/99/11	WW05618-9

MANIFEST INFORMATION

Manifest No. INAI doad 44

TRACK # 1634

		/ /		
		•		% of Total Waste
•		Quantity	<u>Charge</u>	(Clerk will complete)
Primary Solid Wastes:		yds		%
Sewer Sludge		yds		%
•		yds		%
		· udo		%
Grit Chamber Solids		yds yds		%
		yds		%
Debrie 0/8		15,796 gos	B44610	<u>-</u> <u></u>
Bar Screen Debris		yds		·/s
Bar Screen Debris 068		yds		
		yds	,	. 1/2
Heat Exchanger Cleaning Sludge	÷	yds		`'5
		yds		···
		<u> </u>		
Benzene Contaminated Catalyst		مادر.		,
Specify reactor:		yds		
Specify reactor:		yds		
				.,
Benzene Contaminated Debris		yds		· · · · · · · · · · · · · · · · · · ·
Specify material:		yds		
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Benzene Contaminated Sludge		ماس.		'n
Specify tank/vessel:		yds		· ·
Specify tank/vessel:		yds		
Benzene Contaminated Soil		yds.	*	3
Specify material:		yds		
Specify material:				
Refractory Brick	•		*	'n
Specify furnace or vessel:		ydsyds	<u> </u>)
Specify furnace or vessel:		yus		
				,
Spent Hydrotreating Catalyst		yds	·	-
Specify reactor:		yds	·	
Specify reactor:				
Spent Treating Clay		→ yds	S	3
Specify drum:				
Spent Bender Catalyst			c	;
Specify reactor:		yd	5	
Specify reasons				
Other Waste Streams		yd	s	
Specify:				•

Ctota	Form	47020	(R/4-97)
Sidle	COHI	.4 <i>1</i> 3031	N/4-3//

IDEM

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER MANAGEMENT NPDES Facility Inspection Report

100 NORTH SENATE AVENUE P. O. BOX 6015 INDIANAPOLIS, IN 46206-6015

	IN DEG I BOING	mapeouton repo		
NPDES PERMIT #:	YR/MO/DAY: INSPECT TYPE:	TION INSPECTOR:	FACILITY TYPE CO	□Major □Minor
IN 000010B	90-02-01 C	<u> </u>	□Municipality ⊈ind	ustry □Semi-Public □State
OVERALL FACILITY EVALUAT		COMPLIANCE ST		☐ Non-Compliance ☑ Compliance
Name and Location of Facility		Receiving Waters/POT	w:	Permit Effective Date:
AMOLD DIL C	and Dandy	Lake Mil	chicAN	4-1-90
2BIS TADIANO	npolis BLVV	Entry Time:	Exit Time:	Permit Expiration Date: 2-28-95
TOWNICHY Whiting 1+1	Lake	Title/e1:	<u> </u>	
Name(s) of On-Site Representative		Title(s):	- Engl	Phone: (219)473-3740 Fax: ()
FETE DENON!	- AP			Phone: ()
Natalie brin	y rien	Environ. 2	22416	Fax: ()
Certified Operator:	;	Number: /4/ 6	3	☐ Full Time
DAVID OLEN	/	Class:	Exp: 6-00	☐ Part Time (Hours per week:)
Name, Address of Responsible O		Title:		Phone: (Z/9) 473-5379
· ·	J. Maclean	Whiting	Refinery	Fax: ()
COLIN H	- Macieda	Contacted:	/ □ Yes	
			9 40°	
	Areas Ev (S=Satisfactory, M=Marginal, U≃U	/aluated During Inspection Insatisfactory, N=Not Evaluate	d, N/A=Not Applicable)
		Flow Measur		Pretreatment *
اب م	Operation & Maintenan	 	<u></u>	Other:
Receiving Waters	<u> </u>	 	ing Brogram	
A/ Permit	CSO/SSO (Sewer Overf	· [_	- I	
Compliance Schedules	Sludge Disposal	Records/Rep		
	rspection was c			
1	Amoco has h			^
	1 staff shoul		_	
1	brought abo	rut this ou	tstandi.	ng compliance
record.				
AMOGO	personnel ide	entified a	wash roo	m tacility
af The Lake	Front Washwat	er treatmen	nt flat	t that was
connected fo	ne process se	ener (before	treatme	ent) and outfall
	as identified in	_		
	The system of			
Conduct fec	al coliform n	pritoring.	ngh ad	185-145 below
40 col /100 m	e after pisco	nn ection.		
Name(s) and Signature(s) of	Inspector(s):	Date:	Office/Telepho	one: 3/7 -233-2494
Michael		1-1-00	FOEM	1219, 861-6712
Received By:		Date:	Referred to:	<u> </u>
Section Chief:		Date:	For:	
ist 7ella		2/24/2006	BI .	ollow-up ☐ Enforcement PDES ☐ Other

Report Prepared by Michael Kiss

Title ENVION ENG 1-1700h

NPDES PERMIT LIMIT VIOLATIONS FACILITY AMOCO NPDES PERMIT No.

1999 SUMMARY OF

LIST OF NPDES PERMIT LIMIT VIOLATIONS

				3	LATIONS:	TOTAL NUMBER OF VIOLATIONS:	TOTAL N	_
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PERCENT DEVIATION	TENNIT CIVIL	THE OWNER AND AVERE					724	_
DEDCENT DEVIATION	DEDMIT I IMIT	REPORTED VALUE	TER	(S) TYPE OUTFALL PARAME	TYPE	DATE(S)	HTNOM	
			CLATIONS	CXMII LIMIT VI	AL MACOLO	Lio. C		

DMx - Daily Maximum DMn - Daily Minimum

MA - Monthly Average
WA - Weekly Average

AMOCO OIL COMPANY, WHITING REFINERY 2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

CERTIFIED OPERATOR: OUT DE SANITARY SEWERS ARE DISCHARGING TO AMOCO WATE.

AMOCO OIL COMPANY, WHITING REFINERY 2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

		HIGHEST VAL. <	AVERAGE	•	31 T	30	29			26	25	24	23	22	21		19	18	17	i 6	15	14			·	10	; 6 0	00	7	o	C I	4	ω	2	-	ř	DATE WAY.	LIMITS: AVG.		ACTUAL	PERMIT		ACTUAL	סמאודנת בודת	CODE	PARAMETER	
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CERTIFIED OPERATOR COLLEGE COLIFORM ARE LIMITED FROM APRIL 1 TO OCT. 1 WHEN REFINERY SANITARY SEWERS ARE DISCHARGING TO AMOCO WATE.



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Mitchell E. Daniels, Jr. Governor

Thomas W. Easterly Commissioner

FEBRUARY 15, 2007

100 North Senate Avenue Indianapolis, Indiana 46204 (317) 232-8603 (800) 451-6027 www.IN.gov/idem

<u>VIA CERTIFIED MAIL</u> 7002 0510 0003 8210 2865

Mr. Richard Harris, Health, Safety, and Environmental Manager BP Amoco Oil Company 2815 Indianapolis Boulevard Whiting, IN 46394

Re:

Inspection Summary/Violation Letter

BP Amoco Oil Company NPDES Permit No. IN0000108 Whiting, Lake County

Dear Mr. Harris:

On December 22 and December 27, 2006, a representative of the Indiana Department of Environmental Management, Northwest Regional Office, conducted an inspection of the BP Amoco Oil Company located in Whiting, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection:	<u>X</u>	Compliance Evaluation Inspection
Results of Inspection:	<u>X</u>	Violations were observed but corrected during the inspection. Violations were observed Violations were observed and will be referred to the Office of Enforcement.

An unsatisfactory rating was given in sludge disposal. This was due to sludge on the ground between two of the circular clarifiers. This was a violation of IC 13-30-2-1(A).

A marginal rating was given under records and reports. This was due to the number of exceedences not always being completed. Even if the number of exceedences is zero (0), the box should be filled. The number of exceedences was not completed on the Discharge Monitoring Reports for all outfalls in March 2004 and outfall 002 in June 2006.

A marginal rating was given to effluent exceedences. During a review of DMR's and daily summaries from January 2004 through October 2006, total suspended solids was noted to be in exceedences twice. The first exceedence was on December 5, 2004, the second on March 15, 2006.

Within thirty (30) days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements listed above, must be submitted to: Indiana Dept. of Environmental Management, Office of Water Quality – Mail Code 65-42, 100 North Senate Avenue, Indianapolis, IN 46204-2251. Failure to respond adequately to this Violation Letter may result in a referral



NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT ROOTSION OF WILLIAMS

	Fac	ility and Insp	ection Information	•	
NPDES Permit #:	Facility Type Code:				Classification Per Permit:
1440000107	☐ 1 = Municipality	№2 = Indus	try/Semi-Public	B∆ Major	
1N00000108	☐ 3 = Agricultural	□ 4 = State/	Federal	☐ Minor	1 +>
This is to notify you that on	7,06 (month,	, day, year) a	n inspection of the specifie	d facility was co	onducted by the undersigned
representative of the Indiana Department		gement, Office	of Water Quality.		
TYPE OF INSPECTION (may include mo	re than one):		Complaint (J)		
Compliance Evaluation Inspection	(C)		Multi-media Screen	ning Evaluation	(M)
Reconnaissance Inspection (R)			Combined Sewer (
Industrial User Inspection (I)			Compliance Sample	ling Inspection (S)
Sanitary Sewer Overflow Inspection			Other		
Name and Location of Facility Inspected: BP AWOCO OIL COMP	(number, street, city, zip	code)	Receiving Waters/POTW	:	Permit Expiration Date:
2815 INDIANA POLIS			1 1111	ا بر مدین	2/28/95
WHITING IN 403A4			LAKE MIC	Q1 (647V	420175
Name(s) of On-Site Representatives:			Title(s): ENV. ENGR	,	Phone: (214)473 -3321
DICH HARRIS			Health, SAFETT, AN	L	Fax: ()
Certified Operator:	Number:		Class:	DCAMIC.	rax: ()
DAVE OLEN	KIIB		Diass.		CFull Time □ Part Time
	Renewal Effective D	ate:	Expiration Date:		Hours per Week:
	7/31/0	6	6/30/08		404
Name and Address of Responsible Official RICHARD HARRIS	ll: (number, street, city, z	rip code)	Title: ENVR. ENGR		Phone: (719) 473-3321
2815 WDIANAPOLIS	RVO	•	Health, SAFETY, AN		Fax: ()
WHITING IN 463					Facility Design Flow:
W211700 1N 765)		Contacted: TOYes	□ No	NA
	Area	as Evaluated	During Inspection		
(S = Satis	factory, M = Marginal,	U = Unsatisfa	ictory, N = Not Evaluated,	NA = Not App	licable)
Receiving Waters Appearance	S Facility/Site		Self-Monitoring Progr	ram(G)	Compliance Schedules
Effluent Appearance 🕏	Operation		5 Flow Measurement		VA Pretreatment
	5 Maintenance		5 Laboratory		MEffluent Limits Violations $oldsymbol{arPhi}$
CSO/SSO (Sewer Overflow)	Sludge Disposal		M Records/Reports(5)		Other:
Those findings are considered li-	Prelimina	ary Inspectio	n/Screening Findings		
*These findings are considered prelin	ninary and identity specification of a sta	ic compliance	issues discovered during	the above-noted	I inspection that the
designated agent of IDEM believes m SINGLE MEDIA INSPECTION:	ay be a violation of a sta	ilule(s), rule(s) or permit(s) issued by IDI	EM.	
	dia	41. 41. 41			
			icular items observed durir	ng the inspection	n. (5)
	discovered but corrected				. (0)
Violations were	discovered and require a	a submilial iro	m you and/or follow-up ins appropriate enforcement	pection by IDE	и. (2)
Additional inform	nation/review is required	to evaluate o	verali compliance (6)	response. (1)	
Potential proble	ms were discovered or o	bserved (3)	verali compliance. (0)		
Comments Regarding Unsatisfactory Ratin	ngs - Including Rule or P	ermit Citation	(s):		
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ON THE COROUND P	SETWEEN TO	wo cu	ZCULAR CLAR	RAPIRA	S. THS IS A
VIOLATION OF THE	N R		13-30-2-		f-h
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		•			
#0					
Distribution: White - IDEM Public File; Canary - OPPTA (if OPPTA assistance requested);	; Pink - Owner/Age	ent Representative; Gold - Inspector		
,	,,	Page 1 c			

		<u> </u>	EVIDOU MILLIO	4
Additional Comments Regarding Uns	atisfactory Ratings – Including Rule or F	Permit Citation(s):		
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Comments Regarding Marginal Rating	gs – Conclusions and Recommendation	0:		
2 THE EFFLUENT AND	RECEINING STREAM	WERE BOTH CLE	ear and odorless	durner
	ECTION ON 12/22/00			0
3) THE PEREMIT EXC	DIRCO ON 2/28/95,	BUT HAS BEE	N ADMINISTRAT	Neur
EXTENDED.				
D ALARMS ARE AVALA	BUE FOR MIND OF THE	TROATMENT P	20C55555.	
	CEEDENCES COLUMNS			IEN) IE OX
	DENCES WAS NOT COMPLE		•	
multi-media Screening (please note t	nat a multi-media screening is not a cor	nprehensive evaluation of the	he compliance status of the fac	ility):
Multi-media No violations	screening not conducted. The BP 15 swere observed during the limited multi	うかでメミかりてかい i-media screening conducte	<i>は</i> st d by IDEM.	
Potential vio	lations were discovered but corrected d	uring the inspection.	- 5, 15 - 1	
Potential pro	oblems were discovered and may be fur	ther investigated. n Prevention		
regulatory responsibilities and become pollution prevention questions, you may visit OPPTA's Web site at www.idem	e offered by IDEM's individual programs	sinesses increase productive indiana's pollution prevention and Technical Assistancials to be contacted by IDEN ce Assistance	rity, generate less environmentant program is entirely voluntary. ce (OPPTA) at (317) 232-8172 A's Office of Pollution Prevention	al wastes, reduce their If you have any or (800) 988-7901, or on and Technical
request free, confidential compliance as	egulated entities, including small busine ssistance, call (317) 232-8172 or (800)	988-7901, or visit CTAP's W	ougnout Indiana. In the future, /eb site at http://www.idem.IN.	if you would like to gov/ctap/.
		orrection Information		
A summary of violations and concerns in acility should correct any violations not	noted during the inspection was verbally ed as soon as possible. Violations ider	y communicated to the undentified and corrected during t	ersigned representative during the inspection may still be cited	the inspection. The
A written inspection summary wi In accordance with IC 13-14-5-4 the time of the inspection might in verbal or written inspection sumi	Il be provided within 45 days. , matters not evident to IDEM at not be included in either the	Written report If upon subse	provided at the conclusion of t quent-review, any changes to to ssary, a revised report will be so within 45 days.	he inspection. his report are
DEM Representative: Printed Name:	Signature:	Phone Number:	Deter	
	July 11		Date:	In: 1230
Dwner/Agent Representative/Title:	Munu	(ZK)757-0265	1427106	Out: 1530
rinted Name:	Signature:	Title:	Phone Number:	Date:
or IDEM Internal Use: ection Chief or Regional Neputy Direct	tor	Date	For	
	\mathcal{A}	Date: 2/6/07	For: □ Follow-up □ NPDES Permits	☐ Enforcement☐ Other
stribution: White - IDEM Public File; Canary - OPP	TA (if OPPTA assistance requested); Pink - Owner/A Page 2		r Dra Decremmes	
	-	-		

State Form 44229(R/4-97)					
IDEM	Con	NPDES Facility In nments and/or F	spection Report Recommendations		PAGE <u>3</u> OF <u>4</u>
NPDES PERMIT #:	FACILITY:	CO OILCO.	CITY: WHITING		YR/MO/DAY: OG/12/27
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THE KERO	ets Heam	1/04 40 10/	06 WERE REVI	ENED,	
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Inspected by:	T	Received b	у:		Date:
STRIBUTION: White - Public File;	Canary - Site Copy: Pink - I	pspector: Goldenrod - Supervisor			12/27/06

IDEM			NF Indu	PDES Facility Inspection Instrial Wastewate	n Report r Facility		PAGE 4 OF 4
NPDES PERMIT #:	FACILI				CITY:		YR/MO/DAY:
1N0000108	BPA	ma	0		WATING		06/12/27
FACILITY DESCRIPTION	AHTAI	_	m	40× 002	0 -01 (1/-0		10011401
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WHO 18 WATE	c pia	KOL	AC	(19842MB)			
Outfall Water Use				Treatment	A. Diede (5)		
				Heatment	Avg Discharge/Flow	App	earance/Violations
001	-						
002 NON-CON		un	46				
003 STERMI	UATEN			Setting			
054 STORM	SISTEM			Softman			
			****	1			
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Quality control	- 	*	+-				
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SPCC plan	X	4					
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NPDES Compliance Notice of Violation	<u> </u>	164	<u> </u>	ompliant			
Agreed Order)O JA					
Compliance Schedule		A				·	
Properly certified operator	- 5	ZZ.	`				
Letter needed		10					
Inspected by:		(1)		Received by:		l r	Date:
TRIBUTION: White - Public File; C	anary - Site Copy: F	ink - In	spector	-			12f27l06



NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NPDES Permit #: In 1 = Maniple Type Code: In		Facility and Ins	spection Information	
In Oct In In In In In In In I	NPDES Permit #:	Facility Type Code:		Classification Per Permit:
This is to notify you that on 12.12.10	1 44 67 100			
representative of the Indiana Department of Environmental Menagement, Office of Water Quality. Type Of INSPECTION (may Indian more than one): Compliance Evaluation (M) Recompliance Evaluation (M) Recompliance Evaluation (M) Indiatrial User Inspection (I) Sanitary Swere Overflow Inspection (I) Name and Location of Facility Inspected. (Inumber, street, city, zip code) Name (a) of On-Site Representatives. Receiving Waters Appearance Receiving Wat			e/Federal	
TYPE OF INSPECTION (may include more than one): Complained Evaluation inspection (C) Reconnaissance inspection (R) Sanitary Sewer Overflow Inspection (V) Sanitary Sewer Overflow (V) Sanitary Sewer Sew			an inspection of the specified facility was	s conducted by the undersigned
Multi-media Screening Evaluation (M) Compliance Standardon (M) Compliance Standa			ce of Water Quality.	
Reconnaissance Inspection (R)			Complaint (J)	
Industrial User Inspection (I) Sarialtry Sewer Overflow Inspection (V) Other Name and Location of Facility Inspectati, furnibor, afreet, city, zip code) BP ANCO OL Company 2815 INDIAMAPOLIS BUY WHITTIMO IN HIGHER STAND Names(s) of On-Site Representatives: THE CENTRE HELDER COUNTY: WHITTIMO IN HIGHER STAND Names(s) of On-Site Representatives: THE CENTRE HELDER COUNTY: White Time Part Time Renewal Effective Date: 1/3/DC Nome and Address of Responsible Official: (number, street, city, zip code) R NAME OF INDIAMAPOLIS BUY WHITTIMO UN HIGHER STAND WHATTINO IN HIGHER STAND WHATTINO IN HIGHER STAND WHATTINO IN HIGHER STAND Seatility Design Flow: Whattino IN HIGHER STAND WHATTINO IN HIGHER ST		(C)	Multi-media Screening Evaluat	ion (M)
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Name(s) of On-Site Representatives: Title(s):	DP AMICO OIL COMP	any		6-10-
Name(s) of On-Site Representatives: Rome County Co	SATOLHWHIGHT CIRZ	LAD .	I ARE MICHIGAN	7/08/95
Title(s): Phone: () Phon	1 WAITING IN 46394	County: / ANS	- Chipo	
Certified Operator: Class: Class: Class: Sprintform Class: Sprintform Class: Sprintform Class: Sprintform Class: Sprintform Class: Sprintform Class: C	Name(s) of On-Site Representatives:	County. Cr 4 Co	Title(s):	
Number: Class: Sefull Time Part Ti				Phone: ()
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Renewal Effective Date: 1/3/06 Name and Address of Responsible Official: (number, street, city, zip code) Ricumato Marcel 2815 INDIANAROUS BUD WHTINK IN 4634 Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable) Receiving Waters Appearance Permit Society Socie	Certified Operator:		Class:	
Name and Address of Responsible Official: (number, street, city, zip code) RICKARCD MARCOLO BLAD WHATING IN 4634 Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable) Receiving Waters Appearance Effluent Appearance Permit Contacted: 'U'Yes No Facility/Site Flow Measurement Flow Measurement Amaintenance Permit Sol/SSO (Sewer Overflow) Sludge Disposal Freliminary Inspection/Screening Findings *These findings are considered preliminary and Identity specific compliance Issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM. SINGLE MEDIA INSPECTION: No violations were discovered but corrected during the inspection. (5) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2) Additional information/review is required to evaluate overall compliance. (6) Potential Problems were discovered on the particular items of the particular items of the particular items of the partic	1	1 14118		Part Time
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Additional Comments Regarding Unsa	atisfactory Ratings – Including Rule	or Permit Citation(s):		
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NOTED WITH THE	EPPLUENT APPO	SARANCE AT TO	HETIME OF M	US PECTION.
27HS PERMIT HAS	•			
No violation Potential vio	screening not conducted. Is were observed during the limited obtains were discovered but correct oblems were discovered and may be poll	ted during the inspection.	i by IDEM.	
Pollution prevention is the preferred m commercial operation, especially manuregulatory responsibilities and become pollution prevention questions, you may visit OPPTA's Web site at www.idem.ll Assistance?	ufacturing processes, so that Indian e more profitable. Your participation ay contact our Office of Pollution Pre N.gov/oppta/p2/. Would your comp	a businesses increase productiv in Indiana's pollution prevention evention and Technical Assistanc any like to be contacted by IDEM	ity, generate less environme i program is entirely voluntar ce (OPPTA) at (317) 232-81	ntal wastes, reduce their y. If you have any 72 or (800) 988-7901, or
In addition to the compliance assistance	<u></u>	oliance Assistance grams, IDEM's Compliance and T	echnical Assistance Progra	m (CTAP) offers free,
confidential compliance assistance to request free, confidential compliance a	regulated entities, including small bi	usinesses and municipalities, thr	oughout Indiana. In the futur	e, if you would like to
A summary of violations and concerns		nd Correction Information	arsigned representative durin	ag the inspection. The
facility should correct any violations no	oted as soon as possible. Violations will be provided within 45 days. 4, matters not evident to IDEM at anot be included in either the	identified and corrected during t Written report If upon subset deemed nece		ted as violations. of the inspection. o this report are
IDEM Representative: Printed Name:	Signature:	Phone Number:	Date:	Time
NICHOLAS K. THORM	Minten	(2W) 757-0265	12/12/06	In: 0906 Out: ~1300
Owner/Agent Representative/Title: Printed Name:	Signature:	Title:	Phone Number:	Date:
For IDEM Internal Use:				
Section Chief or Regional Debuty Dire	ctor:	Date: 2/6 (07	For: □ Follow-up □ NPDES Permits	☐ Enforcement☐ Other
Distribution: White - IDEM Public File; Canary - OP	PTA M OPPTA assistance requested): Pink - O	wner/Agent Representative; Gold - Inspecto	of	

Page 2 of _____

IDEM	NPDES Facility Compliance Evaluation Inspection Checklist Revised 03-1-06		
NPDES Permit #:	Facility Name:	Month/Day/Year:	
IN 0000 108	BP Amoco DIL Company	12/27/06	

All evaluations indicated on this form are based upon the Inspector's observations at the time of the inspection.

A. Receiving Waters Appearance

				1. The	receiving stream is visibly:
(Fes)	No	N/E	N/A	a.	Free of excessive deposits of settled solids.
Yes	No	N/E	N/A	b.	Free of excessive floating debris, oil, scum, or foam.

B. Effluent Appearance

					1.	At the	time of the inspection, effluent is essentially:
Ye	N	N	Æ	N/A		a.	Free of excessive solids.
X es	5) No	N	Æ	N/A		b.	Free of excessive floating debris, oil, scum, or foam.

C. Permit

Yes	No	N/E	N/A	1.	Expired Permit has been administratively extended.
Yes	No	N/E	N/A	2.	The permit has been properly transferred.
(Yes)	No	N/E	N/A	3.	Receiving waters are accurately described in permit.

D. CSO/SSO (Sewer Overflow)

- Yess	No	N/E	N/A	1.	CSOs are regularly monitored, and results are reported as required.
11	No	N/E	(N/A)	2.	Facility has met SSO reporting requirements.

E. Facility/Site

Yes	No	N/E	N/A	1.	Facility has standby power or equivalent provision.
100	No	N/E	N/A	2.	An adequate alarm or notification system for power or equipment failure is available.
Yes	6 60	N/E	N/A	3.	Facility grounds are maintained in a manner which allows adequate access and/or view of all units.
_	7. W				

F. Operation

				1.	All facilities and systems necessary for achieving compliance with the terms and conditions of the
					permit are operated in a manner consistent with the following:
(Yes	No	N/E	N/A		a. All facilities and systems are operated efficiently.
(Yes	No	N/E	N/A		b. An adequate, qualified operating staff is provided to carry out the operation of the facility.
Ves		N/E	N/A	2.	Sufficient sludge is wasted from treatment system at proper time intervals to maintain process efficiency.

G. Maintenance

Exes	No	N/E	N/A	1.	A maintenance record system has been established and includes:
(Yes) Xes) Yes	No	N/E	N/A		a. Maintenance history.
Yes	No	N/E	N/A		b. Repair history.
Yes	No	N/E	N/A	2.	A preventative maintenance (PM) plan has been established.
Yes	No	N/E	(N/A)	3.	Lift station inspections are adequate.
Yes	No	N/E	N/A	4.	Lift station cleaning and maintenance procedures are adequate.
Yes	No	N/E	(V/A)	5.	Collection system maintenance is adequate.

L. Records/Reports

Yes	No	N/E	N/A	1.	Records and reports are maintained on site as required by permit.
Yes	No	N/E	N/A	2.	Information is maintained on site for 3 years.
Yes	No	N/E	N/A	3.	DMRs, MROs or MMRs, and CSO DMRs are completed properly and accurately.
Yes	(MO)	N/E	N/A		a. "No Ex" column is accurate.
X es	No	N/E	N/A		b. Signatory requirements are met.
(Yes)	No	N/E	N/A		c. Reports are prepared by or under the direction of a certified operator.
				4.	Monitoring records are adequate and include:
Yes	No	N/E	N/A		a. Lab bench sheets.
Wes)	No	N/E	N/A		b. Sample logs.
(Yes)	No	N/E	N/A		c. Flow meter strip or circle charts and calibration records.
(Yes	No	N/E	N/A		d. Laboratory instrument calibration and maintenance records.
				5.	Pretreatment records include:
Yes	No	N/E	N/A)		a. Inventory of Industrial Waste Contributors.
Yes	No	N/E	Ň/A	2	b. Monitoring data.
Yes	No	N/E	M/A)	c. Inspection reports.
Yes	No	N/E	N/A)		d. Compliance status records.
Yes	No	N/E	(V/A		e. Enforcement actions.
			_		

M. Compliance Schedules

Yes No	N/E N/A 1.	Monitoring milestones in the Schedule of Compliance have been met.
Yes No	N/E (N/A) 2.	Reporting milestones in the Schedule of Compliance have been met.

N. Pretreatment

Yes	No	N/E N/A	. Industrial or commercial discharges are regulated as required by the permit.
Yes	No	N/E (N/A)	. The permittee has developed a Sewer Use Ordinance.
Yes	No	N/E (N/A)	. The permittee enforces the Sewer Use Ordinance.
Yes	No	N/E (N/A)	. The facility operates without significant interference from industrial or commercial discharges.

O. Summary of Monitoring Records Review

MOAD	Effluent Limit					Reported	Permit
MO/YR **	Violations	Date(s)	Type	Outfall	Parameter	Value	Limit
1/24	Yes No						
2104	Yes (No)						
3/04	Yes No						
4/04	Yes No						
5/04	Yes No						
6/04	Yes (No)						
7/04	Yes (No)						
8/04	Yes (Vo)						
9/04	Yes No						
10/04	Yes (No)						
11/04	Yes No						
12/04	Yes) No	12/5/04	Dmy	100	755	(a)42 15 Bay	5294 15/Day
1/05	Yes No					0	
2/05	Yes 👧						
3105	Yes No						
4105	Yes (No)						
6105	Yes No						

Comments Regarding Shaded YES Evaluations							
E. FACILITY SITE - MOST EQUIPMENT USED IN THE WATER TREATMENT HAS							
•							

	Name and Location of	NPDES Permit #:	GPS Coordinates	Date to	Бе	În	Species .
Nan	Facility to be Inspected: ne: BP Amoco		Recorded:	Inspecte	ed:		
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(w	n/City: WHITING	1100000108	YES	12/20	106	1	110
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	my. CALLO		i .			·	
			,			<u> </u>	
1.	REVIEW RELEVANT PROGRAM		K ONE:				
lF.	Provide explanation on description	YES	(NO)	N/A	N/E		
NO,	Provide explanation or descripti	•	•				
N/A, N/E:							
IVE	PERMIT COULD NOT BE	I DO MATED IN	NUIDO - OB	M. J. D. D	INP I	11 KPi	TIM
IF	Info Source/ Location/Date Reviewe	ed Inspector Notation	s Pertinent to Upcon	ing Inspection	1.19 <u>0 (</u>		50100
YES:				В		<u> </u>	
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4.	REVIEW PRIOR INSPECTION HI PROGRAM INSPECTION, PARTI	STORY & REPORTS	RELEVANTOTH			r	-
	UNRESOLVED ISSUES:	Codarla ama um	DIAMINING CIRS	YES	NO	N/A	N/E
IF NO.	Explanation:	22 28 30 W 2 1 W 28 28 28 78 78 85		62.554		L	.1
N/A,							
N/E:		•					•
	Info Source/Location/Date Reviewed	Incheston Notation	Day4:4 4 17			· · · ·	
ĽS:	NINO FUES 12/12/06	CLARITY PROP	s Pertinent to Upcomi	ing Inspection	:		
:دېم		Carlotte (120)	JCBH ()				
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2					•.		
3.	REVIEW PRIOR COMPLIANCE A	ND ENFORCEMENT	HISTORY	СНЕСК			
	RELEVANT TO PROGRAM INSPE AND MINOR VIOLATIONS, FORM	CHUN, PARTICULA IAL ACTIONS (OT X	KLY: WAKNINGS	(YES)	NO	N/A	N/E
IF .	Explanation:			40.48	<u>-</u>		
NO, NA,							
NÆ:							
	Info Course II and the ID A D						···-
111	Info Source/Location/Date Reviewed	Inspector Notations	Pertinent to Upcomin	ng Inspection:		·	·
YES:	murofiles 12/22/06	none	•				
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<u> </u>					-		
4.	REVIEW FACILITY RESPONSES T	OALL OF THE ABO	VE.	CHECK (ONE:		
				8. A		N/A	N/E
IF NO,	Explanation:						
N/A,							
E:			·				·,
- 1	Info Source/Location/Date Reviewed	Inchesta Netation	Donting 4 - T	- T			···-
- A-	LW W Plus 12/22/06	MOWE	Pertinent to Upcomin	g Inspection:	<u> </u>		
YES:	No with the survey	1 / W / *		•			
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